



USATF Membership Application

New Member Renewal from previous year – USATF Number _____

Please print or type information

Last Name		First Name		Middle Initial	
Address		City		State	Zip Code
Phone	Email		Your membership # will be emailed to you. Your email address will not be shared with anyone.		
Date of Birth	Age Today	Gender			
U.S. Citizen		If no, country of Citizenship			
Club No	Club Name				

Ethnic Background
 Are you Hispanic or Latino? Yes No Decline

What is your race? (Please select one or more races)

<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> White / Caucasian
<input type="checkbox"/> Asian	<input type="checkbox"/> Other
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Decline to answer
<input type="checkbox"/> Native Hawaiian / Pacific Islander	

Club No: 24-0240 Club Name: City of Bishop Parks + Recreation

Please check all appropriate sports codes here:

Track Field Road Running/LDR Cross Country Ultra-Marathon Mountain/Trail Race Walking

Membership Category Codes

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Please use the codes below – you may indicate one or more categories.

- | | |
|----------------------|----------------------------|
| AT: Athlete | PA: Parent |
| DA: Disabled Athlete | OF: Official |
| CH: Coach | OA: Official – Association |
| CD: Developmental | ON: Official – National |
| C1: Coach – Level 1 | OM: Official – Master |
| C2: Coach – Level 2 | AD: Administrator |
| C3: Coach – Level 3 | FN: Fan |

By signature below, I, a prospective member of USA Track & Field, agree to abide by the applicable USATF Bylaws, Operating Regulations, and Competition Rules for my level(s) and category(ies) of membership.

Signature (If an athlete is under age 18, parent or guardian must sign)

Date of Application _____ (MM-DD-YYYY)

IMPORTANT INFORMATION: Memberships are on a calendar year basis, and expire on December 31. However, if you join between November 1 and December 31 of the current year, the membership will be valid for the following year as well.

Youth members: New or lapsed memberships must submit a copy of birth certificate or other ID.

Check here if you do not wish your address used as part of a direct mail list.

Membership Fees & Registration Options

OPTION 1

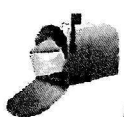


JOIN ONLINE AT
www.usatf.org/membership

You will receive your new Membership # – Instantly!!

Have your previous membership # and password ready as they will be needed for the renewal process

MAIL TO YOUR LOCAL ASSOCIATION



Mail the completed application and appropriate membership fees to your local Association.

Mailing addresses can be found at www.usatf.org/associations

OPTION 2

Adult Membership (19 yrs & over)	\$ _____
\$ 30.00 (1-year)	\$ 80.00 (3-years)
\$ 55.00 (2-years)	\$ 100.00 (4-years)

Youth Membership (18 yrs & under)
\$ 20.00 x _____ = \$ _____
[# of membership years]

CONTRIBUTIONS (TAX DEDUCTIBLE) \$ _____
Please direct my contribution to LDR Youth
 Masters T & F RW Association Programs
 Unrestricted

TOTAL \$ _____

Please make checks payable to USATF.

**City of Bastrop
Parks & Recreation Dept.
Code of Conduct & Ethics**

FORM TO BE SIGNED AND RETURNED TO PARKS & REC

This is a Code of Conduct and Ethics for Parents, Players, and Coaches. This has been implemented to insure a positive environment for all participants in our youth sports programs.

We want what you and your child wants. Specifically, an opportunity to learn, grow, develop skills, meet new friends, and experience the excitement and fun that participation in youth sports has to offer.

We have planned what we believe will be a most rewarding experience for your child. If for some reason you or your child are having difficulty, we want to know so that we can make every effort to improve the situation.

With the privilege of participation comes the responsibility to help your league meet it's objective for every youth participant. Please read the following and inform your child (ren) of this and how it pertains to them.

By signing this form, you pledge to abide by all rules set forth by the league and the City of Bastrop Parks & Recreation Department. In addition, by signing, you agree to uphold your responsibilities as a Parent and/or Coach and fully understand the consequences for you and your child should you violate this Code of Conduct & Ethics.

1. All games will be conducted and ruled on by the referees and all persons must respect their authority. Unsportsmanlike conduct, rough or profane language, or fighting of any nature will not be tolerated. The entire team shall be held responsible for the actions of any individual player on their roster.
2. Any verbal badgering of official by players, coaches, parents or spectators will result in ejection from the game. Any derogatory language between players, coaches, parents or spectators can also result in ejection from the game.
3. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice, or other youth sports event.
4. I will place the emotional and physical well-being of the children ahead of my personal desire to win.
5. I will support coaches and officials working the my child, in order to encourage a positive and enjoyable experience for all.
6. I will not engage in the use of alcohol or drugs at any and all youth sports events.
7. I will remember that the game is for the children - not for the adults.
8. I will do my very best to make youth sports fun for the children.
9. I will be respectful of the Coaches, Players, Parents and Officials regardless of race, sex, religion or ability. I will re-enforce this to my child and/or players.
10. I will help my child and/or players by doing whatever I can, such as being a respectful fan, assisting with coaching or providing transportation.

Signed: _____

Date: _____ Team: _____

Player's Name: _____

**CITY OF BASTROP
YOUTH TRACK
ACCIDENT MEDICAL INSURANCE**

EXPANDED PARTICIPANT MEDICAL EXPENSE COVERAGE

WHAT IS COVERED...

The insurance plan pays the medical expenses actually incurred by a participant when an accidental injury occurs while participation in covered activities of the insured sports organization. This coverage is **excess coverage** and begins after the exhaustion of all other coverage for which the participant may be eligible.

MEDICAL EXPENSE COVERAGE...

Expenses payable under the coverage are for expenses actually incurred by the participant within 52 weeks after the date of the accident when an injury shall require treatment by a legally qualified medical physician, dentist or surgeon; confinement in a hospital or an X-ray examination.

Covered expenses will be determined on an excess basis over and above any other valid and collectible coverage for which an Insured Person may be eligible. In the absence of any other coverage, this coverage will provide primary coverage benefits subject to coverage limits and exclusions. Covered expenses are subject to a \$100.00 per claim deductible.

Players Name: _____

Parent's Signature: _____

Date: _____